FOR INSTRUCTIONS, SEE BACK OF FORM	6		FORM	T		
DISCLOSURE SUMMARY PAG	GE Reset F	orm	FORM DR-2			
COMMITTEE NAME (Must be same as on Statement of Organiza	16-17-25	4	(Rev. 12/2005)	DISCLOSURE REPORT		
Humbold Problican Contral IMPORTANT: Indicate by # type of committee you are reporting for:	Committee AH 8:	1 1	For Office Use O	4093		
(1)Statewide/Legislative/Judge Standing for Retention Candidate (4)County Central Committee (5)County Candidate (6)City Candidate (10)City Candida	2 )State PAC (3 )State Party		Scanned			
I folitical Subdivision Candidate (8) County PAC (9) City PAC (10	School Board or Other Political					
Subdivision PAC (11) Local Ballot Issue  CANDIDATE COMMITTEES ONLY:		1 1				
Candidate Name	Political Party (if applicable)					
	Political Party (if applicable)		File with: lowa Ethics and	Campaign		
Office Sought	District (if Senate or House)		Disclosure Board 510 E. 12 <sup>th</sup> , Ste. 1A Des Moines, Iowa 50319			
Late reports are subject to possible civil and criminal penalties. Purs	uant to Iowa Code section 68B.	32A(7)	Fax: 515-281-37	'01		
the candidate for a candidate's committee, and the chargerson, for individual responsible for filling timely and accurate reports.	any other type of committee, is	the				
Must amache e	515-332-3	2774	IE C	+ 2000		
SIGNATURE OF PERSON FILING REPORT	TELEPHONE	اعمال	US C	<u>XCI. aCOS</u>		
			DATEON	3450		
I AM FILING A	_ REPORT FOR (1) ELECTION /	(2)NON-ELI	ECTION YEAR.			
(report date)	Indicate by	#				
CHECK IF AMENDMENT TO REPORT DATED		Local Co.	mmittees, enter Da	to of Flooting		
		120001 001	minitees, enter Di	ate of Election		
Check if this is final (termination) report and attach Notice of Disso (You must continue to file reports until a DR-3 is filed.)	lution Form DR-3.	County &	Local Committee:	ontor County in		
( To a mass softained to line reports until a DR-3 is liled.)		which Ele	ection is held	s, enter County in		
		<u></u>				
07070						
	OF CASH ON HAND					
CASH ON HAND at the beginning of the reporting period. (Total of all committee. This amount MUST be the same as the cash on of the last reporting period or must be zero if this is first rep	hand at the end	\$	237	3.18		
ADD TOTAL MONEY TAKEN IN THIS PERIOD		•				
Schedule A: Cash Contributions total (Attach Schedule A)	(*also see in-kind below)		115	0.00		
Schedule F: Loans Received total (Attach Schedule F)				<del>,</del>		
Schedule H: Total Sales of Campaign Property (Attach Sche						
(Schedule H applies to Candidates' Committee		•••••••••••••••••••••••••••••••••••••••	<del></del>			
	SUB-TOTAL	\$	248	8.18		
SUBTRACT TOTAL MONEY SPENT THIS PERIOD				<u> </u>		
Schedule B: Expenditures total (Attach Schedule B) (**also	see debts and loans below)		35	1. 53		
Schedule F: Loan Repayments total (Attach Schedule F)						
CASH ON HAND at the end of this reporting period (if final report balar	nce must		<del> </del>	_		
be zero) (Attach DR-3)		\$	213	<u>6.65</u>		
**UNPAID BILLS (From Schedule D - Attach Schedule D)		\$				
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)						
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)						
CONSULTANT BREAKDOWN (Schedule G Attached?)		ΦΦ	VEC 1			
CANDIDATE COMMITTEES ONLY:			YES V NO	,		
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedu	ule H)	\$				
		.70				

**<u>STATE COMMITTEES:</u>** Submit a reconciled campaign account bank statement in January of each year.

FOR INSTRUCTIONS,	SEE	BACK	OF	FORM
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Reset Form

## **EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTEE NAME (Must be same as on Statement of Organization)

<u> </u>	CANDIDATE	NAME AND ADDRESS TO VICTOR		
DATE EXPENDED (MM/DD/YR)	ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
Aug. 29,	ID#	Fred Heffy	Printer pages and ink	
2008	ck# (168	Renwick, IA	Printer paper and ink for Voter Vault work	\$ 58.85
Aug. 29,	ID#	Joe Tille	Flore	
3008	CK# 1169	Rutland, IA	Flags, candy and supplies for County Fair	192.68
Boot. 20,	ID#	Humbold+ Public Library		
2008	CK# 1170	Humboldt, IA	library	100.00
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			*
	CK#			
	ID#			
	CK#			
<u></u>	<u> </u>		SUB-TOTAL	\$

TOTAL (if last page of this schedule)

351.53

## THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

Page	of
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	ctions, See Back of f	Form		SCHED	MILE	
	JTIONS MONEY TA juding candidate's personal f			(Rev. 06	MONE	TARY EIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)				CHECK THIS I	BOX IF ORM	
CAUTION: Se	OARD. ection 68B.32A(6), lowa (	RIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL N THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS Code, prohibits the use of information copied from irson other than statutory political committees.	IS VAVIEWBEE LIGOW THE	E IOWA ETH	HICS AND CAMPAI	NGN
DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTO	OR RELATIO TO CAND (if applic	DIDATE*	AMOUNT RECEIVED	√ IF FO FUND RAISE
Aug. 4, 2008	CK# <b>8319</b>	Lois Ann Johnson Humboldt, IA			\$ 100.00	INCOM
Aug. 4,	CK# <b>8973</b>	Humboldt, IA Ken Meyer Humboldt, IA			15.00	
	ID# CK#					
	ID# CK#					
	ID# CK#			1		
	ID# CK#					
-	ID# CK#			+		
	ID# CK#					W
	ID# CK#			+		
	ID# CK#					
		TO'	SUB-TOTAL  TAL (if last page of sched	this \$	115.∞	